



Montana's Vital Statistics Information Management System (VSIMS)

User Manual

Volume III: Birth Registration

January 2017

Montana's Vital Statistics Information Management System

Volume III: Birth Registration

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Montana's Vital Statistics Information Management System

Volume III: Electronic Birth Registration

General Information: The Electronic Birth Registration (EBR) module is a component of the Vital Statistics Information Management System (VSIMS). It is a web based secure 128 bit encrypted system that requires login access. User ID's are assigned by the department and are reviewed and verified every six months. The system incorporates several features designed to ensure a user only has access to allowed data, the correct data is submitted, and to limit the amount of typing required. The terminology screen, tab and page may often be interchanged. A screen, tab or page is what is displayed when a menu item is selected. Therefore, for this manual a screen, a tab or a page are the same.

Data Entry: In some cases, data response is limited to pull down menu options; a down arrow in the right hand corner of the field box identifies these. Data need only be provided once; if the same data is used elsewhere in another portion of the certificate a single entry will populate all similar fields. Some fields are linked to tables, when activated selections are limited to only the applicable data. For example, when the county of residence is selected, only the cities and towns in that county are listed. When a town or location is not listed on the list, a selection of "Other" will allow the entry in the "Other Specify field". If for some reason an event crosses the county line, for example, if the birth takes place in one county but the mother or father lives in another, there is a "Show all Counties" button at the top of each listing, selection of this will show in alphabetical order all of the selection for the category. Other features will be identified throughout the narrative of the screen prints. Screen prints of common tables i.e. Counties, Towns, etc. will be presented at the end of this narrative in Appendix A.

Note: Additional information regarding the data collected in the standard birth certificate can be found in the Office of Vital Statistics: Montana **DPHHS Preparer's Handbook**, October 2007.

At the bottom left hand side of most pages, there are two links:

1. "Home" will return the user to the home page from anywhere in the process with logging out
2. "Logout" will log the user out of the system.

Part I: Login

1. Welcome Screen: When the web site is accessed, a Welcome Screen will be displayed. The menu on the left side of the screen offers three choices: Login, Contact Us, and PHHS Home. Contact us will direct the screen to open the email and allow the user to send the Office of Vital Statistics a message. PHHS home opens the Montana Department of Public Health and Human Service (DPHHS) home page.

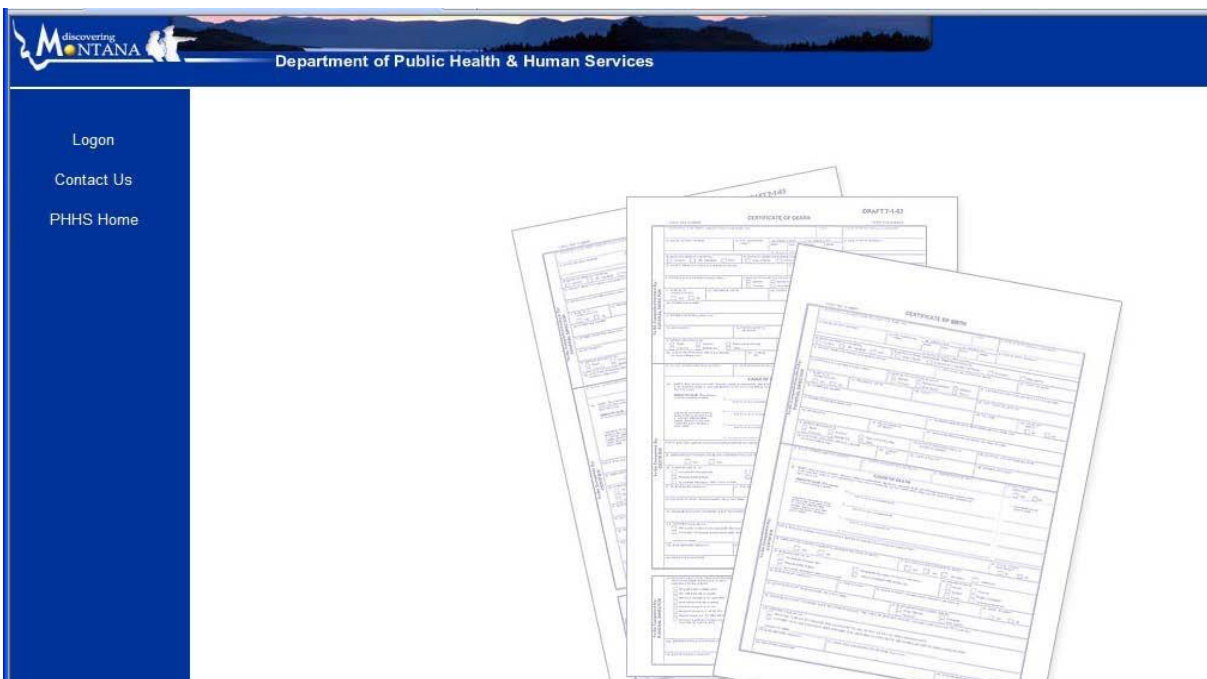


Figure 1.1: Welcome Screen

2. Login Screen: Selection of the “Ligon” option on the left menu presents a popup window used to enter the system. The user name is assigned by the Department of Public Health and Human Services after the user has completed training and has signed a DPHHS form OM-300B Non-DPHHS Employee System/File Access Request. A password is initially determined by DPHHS network administration, but should be changed by the user during the first session this is covered later in this manual. Access is reviewed and verified every six months. **Note:** The “Remember my password” function is disabled.



Figure 1.2: Login Popup

3. Homepage Screen: Once logged in the user will be sent to a Birth Registration Home Page. At the top right of the page, it acknowledges who is logged in and the present role selected. There are only two roles available for hospital use: Hospital Supervisor and Hospital Staff. A hospital supervisor can see all of the births being registered in the facility; while a hospital staff can only see the births they created and are working on. The menu on the left side of the page controls the functions available to the user. For example, hospital supervisor role will have Birth, Death, Messages, and Admin displayed. Births is used activate the birth registration functions, Death is available when hospital staff transcribes a cause of death certificate for the certifying physician (see [Montana's Electronic Death Registration System, User Manual Volume I Data Entry](#) for instructions). "Messages" are used to send messages, this is discussed below. "Admin" is used to activate the user maintenance features selecting this will bring a secondary menu with one option "User Maintenance". Selecting "User Maintenance" will open a screen with the side options changing to "My Profile" and "Change Password". My Profile allows you to view your profile information. The change password opens a screen that will allow you to change your password it is recommended you do this as soon as you are granted access to the system.

The middle section of the screen indicates if there are any messages that need to be read. In the figure below there are no pending messages. Below these are generic selections of "Help" this is not implemented yet, "Home" will return you to this page and Admin allows you to change your password and some limited user profile activities.



Figure 1.3: Home Page

Messages can be sent to all users for things such as scheduled down time or to an individual user or group of users to inquire about a certificate. A banner "**You have messages**" will appear as in the screen below. To display the message, click on the banner.



Figure 1.4: Home page with Message

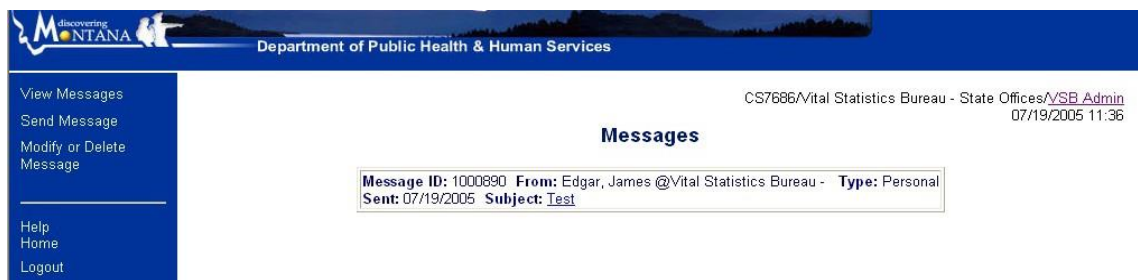


Figure 1.5: Message menu

To read the message click on the subject of the message, this will be in blue and will be next to the word “Subject”. The message screen below will be displayed.

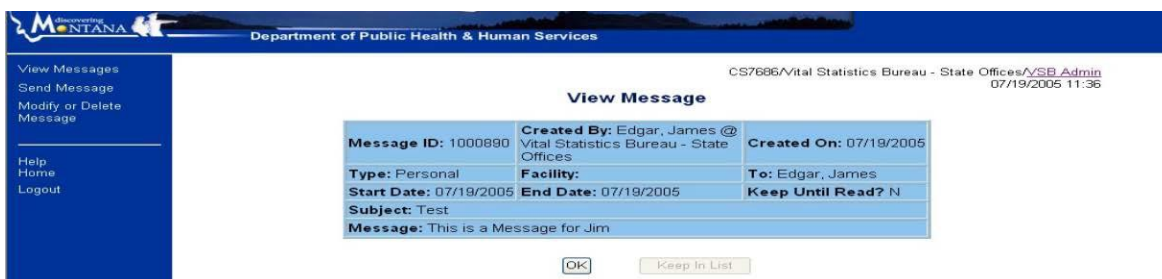


Figure 1.6 View Message

4. Assigned Roles: The “Current Assignment” the facility or role currently being used will be at the top right of the screen, to change facilities or to change roles, click on the role listed in the right hand corner (it will be in Blue). Note: The menu on the left side of the screen will change, select “Assignments” from the menu. After selecting ‘Assignments’ the following screen will be displayed and all roles that have been assigned by the Office of Vital Statistics will be displayed. To change your role select the desired role using the radio buttons to the right, and select “Complete”. The screen will return to the Birth Main Action and side menu will change to the functions allowed for the chosen role. Note roles also can be changed using the “Admin” selection on the Home Page, this will be discussed later.

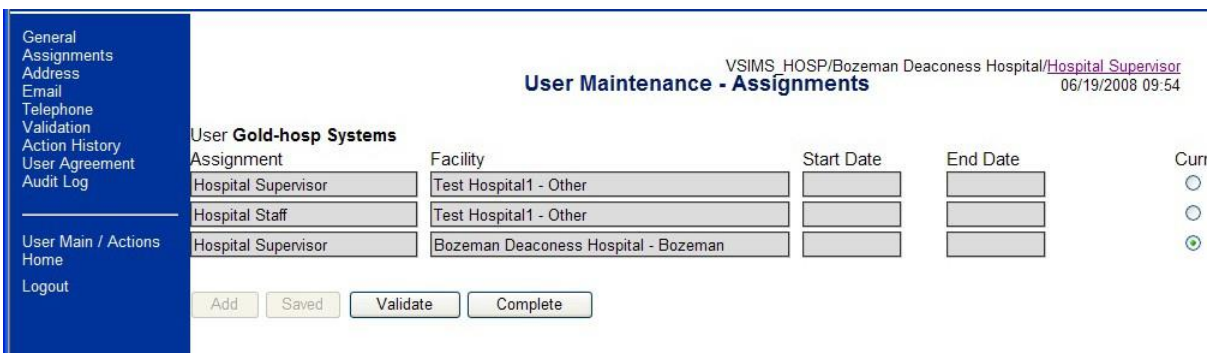


Figure 1.7 Role Assignments

5. Admin: the selection of “Admin” changes the side menu to one selection “User Maintenance” selecting this option offers two options “My Profile” and “Change Password”.

“My Profile” is for the maintenance of personal information such as general, address, Email, Telephone numbers. General and Assignments provide a summary of the information the VSIMS administrator has inputted into the system to grant access and rights. Use of this is optional and will not affect your use of the system. Note some of the fields are grayed out this indicates an ability to view the information but it cannot be changed. There is an button on the lower right side of the screen that can be use to change your password this can be used as an alternate path to open the screen so you can change to change your password the other path is to select “Change Password” from User Maintenance options.


	Menu Selection	Function
	General	Provides a summary of the information the VSIMS administrator has inputted into the system to grant access and rights. Can access screen to change password
	Assignments	Displays all roles that have been assigned by the Office of Vital Statistics. To change your role select the desired role using the radio buttons to the right
	Address	Allows the user to enter personal address information
	Email	Allows the user to enter an email address may be used in future devolvment
	Telephone	Allows the user to enter telephone numbers may be used in future devolvment
	Validation	Will display any validation issues when the user maintenance Validate button is selected.
	Action History	A display of all the actions taken by this user
	User Agreement	Not used by Montana
	Audit Log	Displays a history of the update to the users maintenance system
	User Main/ Action	Returns the user to the User Maintenance menu
	Home	Returns the user to the VSIMS Homepage
	Logout	Logs the user out of the VSIMS system

Table 1.1 Left Side Menu (Admin -User Maintenance)

Part II Births New Certificates

1. Birth Main Action: When “Births” is selected from the left menu, the “Birth Main/ Action” screen is displayed. This page gives three options “New Birth Certificate”, “Query Birth Certificate” or “Reports”. The lower selections also have changed to “Birth Main/ Action,” “Home”, and “Log Out”. “Birth Main/ Action” will always return to the Birth Main/ Action page, this part of the side menu will remain consistent for here on out. “Home” will return to the homepage selections. Logout will log you out of the application.

The drop down box in the upper part of the main section of this page is used to display various pending actions. Selection of “Incomplete birth certificates (user only)” will list all of the records which the individual has open and are pending. “Incomplete births certificates (facility)” will list all of the pending certificates assigned to the facility to which the current user is associated.

Below this option box is a list of the certificates that have been started and that have not been completed or submitted to the State. Each block identifies the last and first name of the child (in bold), the role of the assignment, the date of birth, the date the certificate was begun and the user to whom the certificate belongs. Selecting the “Edit/View” option will open that certificate for additional edits. Once a certificate has been completed and submitted to the State it is removed from this list.

VSIMS_HOSP/Bozeman Deaconess Hospital/Hospital Supervisor 06/23/2008 08:48					
Incomplete Birth Certificates					
Incomplete birth certificates (facility)					
Andrews, James , Born November 08, 2007. Birth Hospital - Full	NOV-09-07	Owner: Gold-hosp Systems	Edit/View		
Jones, Thomas , Born June 18, 2008. Birth Hospital - Full	JUN-19-08	Owner: Gold-hosp Systems	Edit/View		
Knoles, Myra , Born November 13, 2007. Birth Hospital - Full	NOV-13-07	Owner: Gold-hosp Systems	Edit/View		
Test, Test , Born December 01, 2007. Birth Hospital - Full	DEC-04-07	Owner: Gold-hosp Systems	Edit/View		

Figure 2.1 Birth Main/Actions

2. New Birth Certificate: When “New Birth Cert” is selected from the left menu, it is first necessary to check and ensure that the certificate does not exist or has been started by someone else. Selection of the “New Birth Certificate” will open a search page entitled “Birth Certificate Duplicate Check”. This page is used to ensure that no one has either started or completed the birth certificate that is about to be entered. A duplicate check must be completed before a new certificate can be entered. Queries entered in this page will search the entire database and will match any possible complete and incomplete records.

The minimum information needed to do a search is last name and full date of birth. When the desired data is entered, pressing “Continue/Search” will activate the search. “Reset” removes the information on the form for a new search. Enter as much of this information as you have available then click on the “Continue/Search” button. The system will then check for matching

data to avoid duplication. You will then have the opportunity to select from possible matching records or continue to create a new one.

Figure 2.2: Birth Certificate Duplicate Check

Figure 2.3 shows the results of a new certificate duplicate search when no record matches. The buttons at the bottom allow a “New Search” this will return to the “New Certificate Inquiry” Page and the “New Record” will open the “Child Information Tab” so a new record can be started. If a new record is started, the information already entered as search criteria, will populate the appropriate fields.

Figure 2.3: Birth Certificate Duplicate Check (No Match)

Figure 2.4 is the screen display if a record matched an existing complete or incomplete record. Note that there is no file number listed; this indicates that the record has not been file. If the record were filed a state file number would be displayed; a filed record could opened and viewed but could not be edited. If the record found is not the recorded being entered selecting “New Record” will initiate the “Child Information Tab” so a new record can be started.

New Birth Cert

Query Birth Cert

Reports

Birth Main / Actions

Home

Logout

CS7686/Vital Statistics Bureau - State Offices/[Hospital Supervisor](#)

06/18/2008 12:39

Birth Certificate Duplicate Check

Query Data:

First Name	Middle Name	Last Name
		Thompson
Date of Birth	MM DD YYYY	
	06 17 2008	

Display results per page. Facility

Continue/Search

Reset

Query Result: 1 record found.

#	Last Name	First Name	File Number
1	Thompson	Kid	

The above list displays certificates already in progress which are potential matches to the data you have entered. To avoid creating a duplicate certificate, if the child you are recording is displayed in this list please click the Last Name and you can continue editing the existing record. If there is no duplicate displayed then click the "New Record" button to continue creating a new certificate.

New Search

New Record

Figure 2.4: Birth Certificate Duplicate Check (Match)

Part III: New Certificate Entry and Edit

1. General Information

Left Side Menu: To begin a new certificate, select “New Record” this will open the “Child Information” screen. This will also change the left-hand side menu selections to those displayed in Table 3.1. The screen contents of each selection will be described in detail as the screen is discussed. Any information already entered as search criteria, will populate the appropriate fields. Because some screens are long and will not fit on a single page, they may be described in sections.

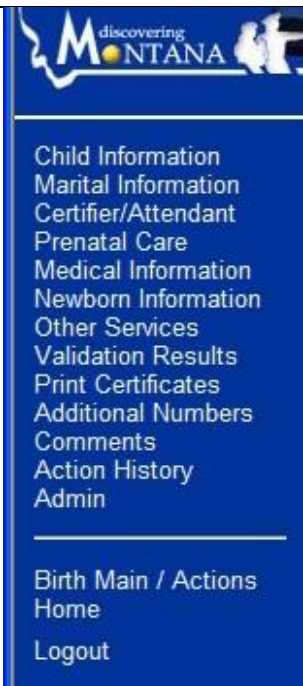
View	Menu selection*	Subsections
	Child Information	<ol style="list-style-type: none"> 1. Child information 2. Birth information
	Marital Information	<ol style="list-style-type: none"> 1. Marital and paternity 2. Mother's Information 3. Father's Information
	Certifier/Attendant	<ol style="list-style-type: none"> 1. Attendant 2. Certifier
	Prenatal Care	<ol style="list-style-type: none"> 1. Prenatal Information 2. Mother's Pregnancy History 3. Pregnancy Additional Information 4. Transfer Information
	Medical Information	<ol style="list-style-type: none"> 1. Pregnancy Medical
	Newborn Information	<ol style="list-style-type: none"> 1. Newborn Medical Information 2. Newborn Medical Anomalies 3. Infant additional information
	Other Services	<ol style="list-style-type: none"> 1. Metabolic Screening 2. Newborn Hearing Screening 3. Immunization Information
	Validation Results	<ol style="list-style-type: none"> 1. Soft edits 2. Validation errors
	Print Certificates	<ol style="list-style-type: none"> 1. Information from certificates
	Additional Numbers	<ol style="list-style-type: none"> 1. (Optional Use) Additional number related to this record
	Comments	<ol style="list-style-type: none"> 1. Additional Comments related to this record
	Action History	<ol style="list-style-type: none"> 1. Action History
	Admin	<ol style="list-style-type: none"> 1. Allows an incomplete record to be deleted
<p>* <u>Note:</u> Data will be lost and will need to be re-entered if a “Save” is not done when using the side menu to move between tabs</p>		

Table 3.1 Left Side Menu (Data Entry)

b. **Bottom Buttons:** There are five buttons common to all the screens located across the bottom of the every data entry screen, these buttons are used to navigate and validate the birth certificate during data entry. They function as described below:

1. **Save:** This saves work done to the point, no validation or checks are done and the system remains on the current screen. When data are changed on the page, the button title will change to “SAVE” once the button is selected the data is saved and the button title will be change to “SAVED”

2. **Continue:** This saves work done and moves the user to the next screen down on the side menu listing. No validation or checks are done.

3. **Validate:** When this button is pressed a validation process defined for the current open actions are performed and the user is transferred to the “Validation Results” page where a list of any problems encountered during validation is displayed. This process can be reiterated as many times as desired. All information is saved.

4. **Transfer /Reject:** This is functional only for the death registration not used in birth registration.

5. **Complete:** When this button is pressed, the user is indicating that they believe they have completed all required data entry and that they wish to close or file the record and pass control of the record to the State. The first thing this button does is to save any changes and check the validation for the current action. If the record does not pass the validation the user is transferred to the “Validation Result” page just as though they had pressed the “Validate” button. If the record passes the validation then the current action is closed and the user is transferred back to their Birth/main Action screen, the completed record is removed from the incomplete list and control of the record is passed to the State Office of Vital Statistics.



Figure 3.1 Bottom Buttons (Visible on all tabs)

c. **Calendars and Date Entry:** From this point forward when a date is required, pops up calendars are available for the date field. To activate the calendar click on the icon that looks like a calendar to the right of the field, this will display a calendar of the current month. To move ahead or back a month click on the single arrow “<” “>” to month ahead or back a full year click on the double arrows “<<” “>>”. Once at the desire month and year are displayed, clicking on the desired day will populate the date field and close the calendar.



Figure 3.2 Calendar

If a date of birth is entered for a date in the future the popup error message will appear, selecting “OK” will close the error box, removed the date of birth and require reentry.



Figure 3.3: Future date error message

Also a birth date more than a year old will give a warning that the date cannot be more than a year old. Selecting “OK” will retain the month and day but the year will be removed and require reentry.



Figure 3.4: Date more than a year old message

2. Child Information

The top portion of this screen contains information about child’s name the bottom portion of this screen contains data regarding the fact of the birth. Any information entered during the “Birth Certificate Duplicate” check will be already entered here.

a. Child Information If the information is not correct or it has changed; it can be change by retyping the correct information in the box containing the erroneous information. If the child does not have a first or middle name leave the fields blank. **Do not enter** “Baby Boy”, “Baby Girl” for a first name or “NMN” for the middle name. Any suffix (Jr, III, etc.) should be entered in the suffix fields. The bottom part of the screen contains demographic information regarding the birth itself. **NOTE: At the top of each screen the Child’s first name, last name and date of birth are displayed.**

b. Birth Information There are drop-down menus to select standard responses to sex and time of birth. When a new certificate is started, the place of birth and facility name will be populated based on the user ID and the facility they are assigned to. If an individual is not assigned to a facility or if the place of birth is somewhere other than the default facility, the fields will need to be completed.

The Birth City, Birth County, and the Place of Birth Facility Type are all interrelated. That is once the county is selected only those cities and towns in the county will be displayed and only the facilities in that town will be displayed. If needed selecting the “Show All Counties” button will display the complete listings. See Appendix A for examples. Additionally, there are fields labeled “Other”, these are used to clarify data when “Other” is selected on one of the pull down menus.

CS7686/Vital Statistics Bureau - State Offices/[Hospital Supervisor](#)
06/19/2008 10:49

Child Information - Thompson, Kid - 06/17/2008

CHILD INFORMATION			
First Name	Middle Name	Last Name	Suffix
Kid		Thompson	

BIRTH INFORMATION			
Date of Birth	Sex	Time of Birth	
06/17/2008	Female	00:01	Military
Birth City	Female	Other Birth City	
Billings	Male	AM	
Birth County	Not Yet Determined	Military	
Yellowstone		Other Birth PM	
Birth State		Other Birth State	

Figure 3.5 Drop-down Options

The child's place of birth **must always occur in Montana** and **must be in a Montana County**. **Never** select "Other" for the county for towns that are located in multiple counties (i.e. the county line goes through the center of town.) If this occurs, select the county where the birth occurred and use "Other" and type in the City or town field in the "Other Birth City" field.

CS7686/Vital Statistics Bureau - State Offices/[Hospital Supervisor](#)
06/18/2008 02:00

Child Information - Thompson, Kid - 06/17/2008

- Child Information
- Marital Information
- Certifier/Attendant
- Prenatal Care
- Medical Information
- Newborn Information
- Other Services
- Print Certificates
- Additional Numbers
- Comments
- Action History
- Change Log

- Birth Main / Actions
- Home
- Logout

CHILD INFORMATION			
First Name	Middle Name	Last Name	Suffix
Kid		Thompson	

BIRTH INFORMATION			
Date of Birth	Sex	Time of Birth	
06/17/2008	Female	00:01	Military
Birth City		Other Birth City	
Billings			
Birth County		Other Birth County	
Yellowstone			
Birth State		Other Birth State	
Montana			
Birth Country		Other Birth Country	
US - UNITED STATES			
Place of Birth Facility Type			
Hospital			
Facility Name		Other Facility Name	
Saint Vincent HealthCare			
Other Facility / Home Address			

Social Security Administration

Social Security Number requested for child? ☐ Consent to be Notified of Available Health Services? ☐

Save
Continue
Validate
Transfer / Reject
Complete

Figure 3.6 Child Information Screen

At the bottom of the Child Information screen are two additional questions, one is for authorization from the parents to request a Social Security Number for the child, if this is selected the Office of Vital Statistics will send the request directly to the Social Security Administration. The second question asks for the parent's consent so the Office of Vital Statistics is permitted to share information with health service providers so information of

available services can be sent directly to the parents. If parents have questions about the available health services you can refer them to <http://dphhs.mt.gov/publichealth/cshs>.

3. Marital Information:

This screen is subdivided into: Marital and Paternity, Mother's information, and Father's information subsections.

a. Marital and Paternity: The marital and paternity subsection is used to determine the paternal relationship of the father to the child. This is done through a series of question regarding the mother's marital status, how these questions are answered will determine what actions are available and what documents are to be printed and completed. Table 3.2 should be used for guidance when answering the paternity questions.

The available actions consist of:

1. Father's data can be entered and saved
2. Paternity acknowledgement form can be printed if they are needed
3. Paternity denial form can be printed if needed
4. If additional paternity documents must be sent to the Office of Vital Statistics, then when the certificate is filed, it will be placed on security and certified copies cannot be issued until the paternity documents are received.

VSIMS HOSP/Bozeman Deaconess Hospital/Hospital Supervisor
06/19/2008 11:45

Marital Information, Child - Jones, Thomas - 06/18/2008

MARITAL AND PATERNITY						
Marital and Paternity Information						
Yes	No	Unk				
<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Was mother ever married?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Was mother married at conception, at birth, or any time between?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Was mother married to the father?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	Was the marriage a Common Law marriage?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Has husband signed paternity denial?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Has father signed paternity acknowledgement?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Figure 3.7: Marital Information -Marital and Paternity

Table 3.2 MONTANA PATERNITY QUESTIONS

Situation	Procedure												
<p>Mother was married at time of conception but not to the father of the child and wants father of child's name on the birth certificate</p> <p>*** Montana Law states that if a mother is married at the time of conception, or birth or between conception and birth, the name of the husband must be entered on the birth certificate: unless the mother and the husband signed non-paternity papers attesting that the husband is not the father of the child. Non-paternity papers must be signed before the mother and the father of the child can sign acknowledgment of paternity papers***</p>	<p>1. The mother and husband will need to sign non-paternity papers, you must have these in your possession before the mother of the child, and the father of the child can sign paternity papers</p> <p>Paternity papers need also to be in your possession</p> <p>2. Answer the birthing questions as follows:</p> <table data-bbox="527 583 1364 766"> <tr><td>1. Was mother ever married</td><td>Yes</td></tr> <tr><td>2. Was mother married at conception, birth or any time between?</td><td>Yes</td></tr> <tr><td>3. Was mother married to father</td><td>No</td></tr> <tr><td>4. Was marriage a Common Law marriage?</td><td>N/A</td></tr> <tr><td>5. Has husband signed paternity denial?</td><td>Yes</td></tr> <tr><td>6. Has father signed paternity acknowledgment?</td><td>Yes</td></tr> </table> <p>3. Now, you may keep the father's name on the birth certificate. Forward to the State, the non-paternity and paternity papers at the time you submit the certificate to our office (Do Not Hold Forms)</p>	1. Was mother ever married	Yes	2. Was mother married at conception, birth or any time between?	Yes	3. Was mother married to father	No	4. Was marriage a Common Law marriage?	N/A	5. Has husband signed paternity denial?	Yes	6. Has father signed paternity acknowledgment?	Yes
1. Was mother ever married	Yes												
2. Was mother married at conception, birth or any time between?	Yes												
3. Was mother married to father	No												
4. Was marriage a Common Law marriage?	N/A												
5. Has husband signed paternity denial?	Yes												
6. Has father signed paternity acknowledgment?	Yes												
<p>Mother was married at time of conception but not to the father of the child and does not want to list husband or the father of the child on birth certificate.</p>	<p>1. The mother and husband will need to sign non-paternity papers; you must have these in your possession.</p> <p>2. Answer the birthing questions as follows:</p> <table data-bbox="527 1129 1364 1312"> <tr><td>1. Was mother ever married</td><td>Yes</td></tr> <tr><td>2. Was mother married at conception, birth or any time between?</td><td>Yes</td></tr> <tr><td>3. Was mother married to father</td><td>No</td></tr> <tr><td>4. Was marriage a Common Law marriage?</td><td>N/A</td></tr> <tr><td>5. Has husband signed paternity denial?</td><td>Yes</td></tr> <tr><td>6. Has father signed paternity acknowledgment?</td><td>No</td></tr> </table> <p>3. Make sure no data has been placed in the father tab, then forward to the state, the non-paternity papers at the time you submit the certificate to our office (Do Not Hold Forms)</p>	1. Was mother ever married	Yes	2. Was mother married at conception, birth or any time between?	Yes	3. Was mother married to father	No	4. Was marriage a Common Law marriage?	N/A	5. Has husband signed paternity denial?	Yes	6. Has father signed paternity acknowledgment?	No
1. Was mother ever married	Yes												
2. Was mother married at conception, birth or any time between?	Yes												
3. Was mother married to father	No												
4. Was marriage a Common Law marriage?	N/A												
5. Has husband signed paternity denial?	Yes												
6. Has father signed paternity acknowledgment?	No												
<p>Mother was married at time of conception but not to the father of the child and the Husband will not sign non-paternity papers.</p> <p>***If the mother refuses to give information on her husband. Please leave father tab blank. Eventually the husband or father of the child will be place on the certificate. The State will handle this situation when it happens***</p>	<p>1. The mother's birth information and the husband's birth information must be placed on the birth certificate.</p> <p>2. Answer the birthing questions as follows:</p> <table data-bbox="527 1600 1364 1782"> <tr><td>1. Was mother ever married</td><td>Yes</td></tr> <tr><td>2. Was mother married at conception, birth or any time between?</td><td>Yes</td></tr> <tr><td>3. Was mother married to father</td><td>No</td></tr> <tr><td>4. Was marriage a Common Law marriage?</td><td>N/A</td></tr> <tr><td>5. Has husband signed paternity denial?</td><td>No</td></tr> <tr><td>6. Has father signed paternity acknowledgment?</td><td>N/A</td></tr> </table>	1. Was mother ever married	Yes	2. Was mother married at conception, birth or any time between?	Yes	3. Was mother married to father	No	4. Was marriage a Common Law marriage?	N/A	5. Has husband signed paternity denial?	No	6. Has father signed paternity acknowledgment?	N/A
1. Was mother ever married	Yes												
2. Was mother married at conception, birth or any time between?	Yes												
3. Was mother married to father	No												
4. Was marriage a Common Law marriage?	N/A												
5. Has husband signed paternity denial?	No												
6. Has father signed paternity acknowledgment?	N/A												

<p>Mother is claiming to be common law married to the father of the child</p>	<ol style="list-style-type: none"> 1. The mother and father's birth information must be place on the birth certificate 2. Answer the birthing questions as follows: <ol style="list-style-type: none"> 1. Was mother ever married Yes 2. Was mother married at conception, birth or any time between? Yes 3. Was mother married to father Yes 4. Was marriage a Common Law marriage? Yes 5. Has husband signed paternity denial? N/A 6. Has father signed paternity acknowledgment? Yes or No <p>The mother and father have an option to sign paternity papers. It is suggested that they do sign paternity papers to ensure benefit rights for the child.</p> <ol style="list-style-type: none"> 3. Forward to the state the signed paternity papers (if applicable) at the time you submit the certificate to our office (Do Not Hold Forms)
<p>Mother was not married at time of conception and father of child wants to be listed on the birth certificate.</p> <p>***If mother wants father of child on birth certificate and father is not at hospital to sign paternity papers. DO NOT place father's name on birth certificate and change the question: Will father sign paternity to NO. Print out a blank acknowledgment of paternity form and give to mother of child. The mother and father can sign these papers after leaving the hospital and forward the paternity papers to the state. We will place the father on the birth certificate.</p>	<ol style="list-style-type: none"> 1. Mother and father of the child will need to sign paternity papers. These paternity papers must be in your possession. 2. Answer the birthing questions as follows: <ol style="list-style-type: none"> 1. Was mother ever married No or Yes 2. Was mother married at conception, birth or any time between? N/A or No 3. Was mother married to father N/A 4. Was marriage a Common Law marriage? N/A 5. Has husband signed paternity denial? N/A 6. Has father signed paternity acknowledgment? Yes 3. Forward to the state the signed paternity papers at the time you submit the certificate to our office (Do Not Hold Forms)

Note: Anytime you remove the father from the birth certificate (no paternity papers signed etc.) You need to first go to the Marital Page, change the "Will Father Sign Paternity Affidavit" question to NO, then SAVE this change. This will remove all information concerning the father from the birth certificate.

If the mother of the child is not married and her boyfriend is not the father of the child they **can not** sign acknowledgment of paternity papers to have the boyfriend name added to the child's birth certificate. The only way that the boyfriend's name can be added to the child's birth certificate is by adoption or court order. Please refer these situations to the Office of Vital Statistics.

b. Mother's Information: This section is used to collect the mother's complete name before her first marriage (maiden name), mother's date and place of birth, SSN, residence address, her mailing address if different from the resident address, education, Hispanic origin, and race. Most of the data entry is done by typing the information in the labeled box; however there is the calendar option for the date of birth, education is a pull down table selection and Hispanic origin and race are collected by check boxes.

Selection of the "Birth Country" will display a listing of other countries (it is defaulted to the USA). If you begin typing the country name, the list will move to the general area where the country is listed, however since this feature is based on the two letter abbreviation and not the country name, it does not always work for example: Great Britain is abbreviated "UK" for United Kingdom and the United Arab Emirates is "AE", thus typing the country name may not always move you to the general area of the desired country.

If the country is the United States selection of birth state will list all of the states and territories, typing part of the state or territory name will display a list all the states beginning with that selection. If at anytime something is not listed, "Other" can be used and the non-listed item is entered in the specify field.

Mother's Residence and Mailing Address: On this section a short cut can be used if the zip code is in Montana. Putting the zip code in the "Residence Zip Code" field and pressing the City/County button will populate those the "Residence City" and "Residence County" fields. If the zip code applies to more than one city a pop up will offer the available selection, click on the desired city. This also has the same partial city feature as birth information. That is if a partial city is typed and the city selected the county field will be populated. If the mailing address is the same as the residence address selecting the check box "Same as Residence Address" will populate all of the address fields.

Education is selected from a drop-down box; it is based on the highest degree of education completed to date. Below are the selections available from the education pull down menu.

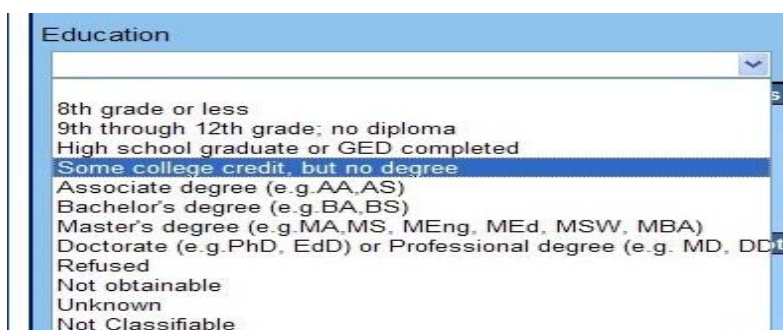


Figure 3.9: Education Selections

MOTHER'S INFORMATION			
Mother's Name Prior to First Marriage			
First	Middle	Last	Suffix
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
Date of Birth			
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
Mother's Place of Birth			
Birth Country		Other Birth Country	
US - UNITED STATES		<input type="text"/>	
Birth State		Other Birth State	
Massachusetts		<input type="text"/>	
Mother's SSN			
<input type="text"/>			
Mother's Residence			
Residence Address Line One			
<input type="text"/>			
Inside City Limits		Residence Zip Code	
<input type="text"/>		59701	
City		City/County	
Butte		<input type="text"/>	
County		Other City	
Silver Bow		<input type="text"/>	
State		Other County	
Montana		<input type="text"/>	
Country		Other State	
US - UNITED STATES		<input type="text"/>	
		Other Country	
		<input type="text"/>	
Mother's Mailing Address			
Mailing Address Line One			
<input type="text"/>			
Inside City Limits		Mailing Zip Code	
<input type="text"/>		<input type="text"/>	
City		City/County	
<input type="text"/>		<input type="text"/>	
County		Other City	
<input type="text"/>		<input type="text"/>	
State		Other County	
Montana		<input type="text"/>	
Country		Other State	
US - UNITED STATES		<input type="text"/>	
		Other Country	
		<input type="text"/>	

Figure 3.8 Marital Information - Mother's Information

Mother's Hispanic Origin and Race: This is used to report the Hispanic origin and race(s) of the mother. The race table allows for the selection of as many races as applicable simply by clicking on the check boxes. If further clarification is needed a warning that the "Other" box must be completed is displayed.

Mother's Hispanic Origin	
<input type="checkbox"/> Not Spanish/Hispanic/Latino	<input type="checkbox"/> Other Spanish/Hispanic/Latino
<input type="checkbox"/> Mexican, Mexican American, Chicano	Specify Other <input type="text"/>
<input type="checkbox"/> Puerto Rican	<input type="checkbox"/> Unknown
<input type="checkbox"/> Cuban	<input type="checkbox"/> Refused
	<input type="checkbox"/> Not Obtainable
Mother's Race	
<input type="checkbox"/> White	<input type="checkbox"/> Native Hawaiian
<input type="checkbox"/> Black or African American	<input type="checkbox"/> Guamanian or Chamorro
<input type="checkbox"/> American Indian or Alaskan Native	<input type="checkbox"/> Samoan
Specify 1st. Tribe <input type="text"/>	<input type="checkbox"/> Other Pacific Islander
Specify 2nd. Tribe <input type="text"/>	Specify 1st. Other Pacific Islander <input type="text"/>
<input type="checkbox"/> Asian Indian	Specify 2nd. Other Pacific Islander <input type="text"/>
<input type="checkbox"/> Chinese	<input type="checkbox"/> Other
<input type="checkbox"/> Filipino	Specify 1st. Other <input type="text"/>
<input type="checkbox"/> Japanese	Specify 2nd. Other <input type="text"/>
<input type="checkbox"/> Korean	<input type="checkbox"/> Unknown
<input type="checkbox"/> Vietnamese	<input type="checkbox"/> Refused
<input type="checkbox"/> Other Asian	<input type="checkbox"/> Not Obtainable
Specify 1st. Other Asian <input type="text"/>	
Specify 2nd. Other Asian <input type="text"/>	

Figure 3.10: Marital Information- Mother's Hispanic Origin and Race

c. **Father Information:** This contains much of the same information as the mother's section such as name, birth, SSN, mailing address, education, Hispanic origin, and race, however in addition the father's phone number, occupation, and employer are also required if paternity issues are involved.

Father's Place of Birth	
Birth Country US - UNITED STATES	Other Birth Country
Birth State	Other Birth State
Father's SSN	Phone Number
Occupation	Employer
Father's Mailing Address	
Mailing Address Line One	Same as Mother's Mailing Address <input type="checkbox"/>
Mailing Zip Code	Mailing Address Line Two
City/County	Other City
City	Other County
County	Other State
State	Other Country
Country	
Education	
Father's Hispanic Origin <input type="checkbox"/> Not Spanish/Hispanic/Latino <input type="checkbox"/> Mexican, Mexican American, Chicano <input type="checkbox"/> Puerto Rican <input type="checkbox"/> Cuban <input type="checkbox"/> Other Spanish/Hispanic/Latino Specify Other <input type="checkbox"/> Unknown <input type="checkbox"/> Refused <input type="checkbox"/> Not Obtainable	
Father's Race <input type="checkbox"/> White <input type="checkbox"/> Black or African American <input type="checkbox"/> American Indian or Alaskan Native Specify 1st. Tribe Specify 2nd. Tribe <input type="checkbox"/> Asian Indian <input type="checkbox"/> Chinese <input type="checkbox"/> Filipino <input type="checkbox"/> Japanese <input type="checkbox"/> Korean <input type="checkbox"/> Vietnamese <input type="checkbox"/> Other Asian Specify 1st. Other Asian Specify 2nd. Other Asian <input type="checkbox"/> Native Hawaiian <input type="checkbox"/> Guamanian or Chamorro <input type="checkbox"/> Samoan <input type="checkbox"/> Other Pacific Islander Specify 1st. Other Pacific Islander Specify 2nd. Other Pacific Islander <input type="checkbox"/> Other Specify 1st. Other Specify 2nd. Other <input type="checkbox"/> Unknown <input type="checkbox"/> Refused <input type="checkbox"/> Not Obtainable	

Figure 3.11: Marital Information -Father Information

4. **Certifier/Attendant:**

This is the legal certification of the facts of the birth and that the birth occurred as reported. All signatures on this page are electronic. Selecting the button at the right of the attendant or certifier entry box will list all attendants or certified associated with the facility. Once opened the list will have two options "Show All Facilities for this County" and "Show All Counties". A name can also be found by typing the first three letters of the first or last name, if there is a sole match the

name, title, and license number will populate, if there is more than one probable match, a list of all possible matches will be displayed, select the correct name and the fields will be populated.

Note: If the name of a certified or attendant is not on the list, contact the Office of Vital Statistics to have the name added.

VSIMS HOSP/Bozeman Deaconess Hospital/Hospital Supervisor
06/19/2008 02:35

Certifier/Attendant, Child - Jones, Thomas - 06/18/2008

ATTENDANT			
Attendant	NPI	Title	Other Title
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
Other Attendant Name	License Number		
<input type="text"/>	<input type="text"/>		
User	Date		
<input type="text"/>	<input type="text"/>		
CERTIFIER			
Certifier	Title	Other Title	Date Certified
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
Other Certifier Name	License Number		
<input type="text"/>	<input type="text"/>		
User	Date		
<input type="text"/>	<input type="text"/>		

Figure 3.12: Certifier/Attendant

Users in State Montana

County: Yellowstone - Facility: Deaconess Billings Clinic	
User Name	Title
Karen Cabell	D.O.
Donald Grewell	D.O.
Scott Sample	D.O.
Tye Young	D.O.
Sue Asbell	FNP
Faranak Argani	M.D.
Fernando Boschini	M.D.
Elaine Brown	M.D.

Figure 3.13: Certifier/Attendant Pop up Selection List.

5. Prenatal Care:

This screen is subdivided into four subsections: Prenatal Care, Mother's Pregnancy History, Pregnancy Additional Information, and Transfer Information.

a. Prenatal Care: This subsection collects information regarding the dates of prenatal care and the total number of prenatal visits. If "No" or "Unknown" is selected in the first question "Did the mother receive any prenatal care?" the other fields in the section will be grayed out and system will not allow data entry, a selection of "Yes" will open the fields for entry.

b. Mother's Pregnancy History: This subsection collects information about the mother's present and past pregnancies. This includes a history, weight gain, WIC use, and past pregnancies live birth and other results.

c. Pregnancy Additional Information: This subsection contains information on pregnancy smoking, alcohol consumption, source of delivery payment, and the date of last normal menses.

Transfer Information is used to document if it was necessary to transfer the mother before discharge and where she was transferred to.

PRENATAL CARE			
Did the mother receive any prenatal care?			
<input type="text"/>			
Date of first prenatal care	Date of last prenatal care	Total number of prenatal care visits	
<input type="text"/>	<input type="text"/>	<input type="text"/>	
MOTHER'S PREGNANCY HISTORY			
Mother's Height (feet/inches)	Prepregnancy Weight (pounds)	Mother's Weight at Delivery (pounds)	WIC Food?
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
Number of previous live births now living	Number of previous live births now dead	Month and Year of last live birth	
<input type="text"/>	<input type="text"/>	<input type="text"/>	
Number of other pregnancy outcomes	Month and Year of last other pregnancy outcome		
<input type="text"/>	<input type="text"/>		
PREGNANCY ADDITIONAL INFORMATION			
Cigarette smoking before and during pregnancy			
Enter the average number of cigarettes or packs of cigarettes smoked per day for each time period. If none, enter "0".			
	Cigarettes	Packs	
Three months before pregnancy	<input type="text"/>	OR	<input type="text"/>
First three months of pregnancy	<input type="text"/>	OR	<input type="text"/>
Second three months of pregnancy	<input type="text"/>	OR	<input type="text"/>
Third trimester of pregnancy	<input type="text"/>	OR	<input type="text"/>
Alcohol during pregnancy			
Alcohol consumed during pregnancy?		Average drinks per week	
<input type="text"/>		<input type="text"/>	
Principal source of payment for this delivery		Other source of payment	
<input type="text"/>		<input type="text"/>	
Date last normal menses began			
<input type="text"/>			
TRANSFER INFORMATION			
Was Mother Transferred?	Transferred from Facility	Other Facility Name	
<input type="text"/>	<input type="text"/>	<input type="text"/>	

Figure 3.14: Prenatal Care Screen

6. Medical Information:

The Medical Information screen gathers health information regarding this pregnancy. The medical and health items are formatted into check boxes as it has been demonstrated that this format produces higher quality and more complete information than open-ended questions. The

screen consists of seven check-box sections entitled: Risk Factors in this Pregnancy, Infections Present and/or Treated during this Pregnancy, Obstetric Procedures, Onset of Labor, Characteristics of Labor and Delivery, Method of Delivery, and Maternal Morbidity.

PREGNANCY MEDICAL	
Risk Factors in this Pregnancy <ul style="list-style-type: none"> <input type="checkbox"/> Diabetes <ul style="list-style-type: none"> <input type="checkbox"/> Prepregnancy (Diagnosis prior to this pregnancy) <input type="checkbox"/> Gestational (Diagnosis in this pregnancy) <input type="checkbox"/> Hypertension <ul style="list-style-type: none"> <input type="checkbox"/> Prepregnancy (Chronic) <input type="checkbox"/> Gestational (PIH, preeclampsia) <input type="checkbox"/> Eclampsia <input type="checkbox"/> Previous preterm birth <input type="checkbox"/> Other previous poor pregnancy outcome (Includes perinatal death, small-for-gestational age/intrauterine growth restricted birth) <input type="checkbox"/> Pregnancy resulted from infertility treatment-If yes, check all that apply: <ul style="list-style-type: none"> <input type="checkbox"/> Fertility-enhancing drugs, Artificial insemination or Intrauterine insemination <input type="checkbox"/> Assisted reproductive technology (e.g., in vitro fertilization (IVF), gamete intrafallopian transfer (GIFT)) <input type="checkbox"/> Mother had a previous cesarean delivery <ul style="list-style-type: none"> If yes, how many <input type="text"/> <input type="checkbox"/> Other Other (specify) <input type="text"/> <input type="checkbox"/> Unknown <input type="checkbox"/> None of the above 	Onset of Labor <ul style="list-style-type: none"> <input type="checkbox"/> Premature Rupture of the Membranes (prolonged, >= 12 hrs.) <input type="checkbox"/> Precipitous Labor (<3 hrs) <input type="checkbox"/> Prolonged Labor (>= 20 hrs) <input type="checkbox"/> Other <ul style="list-style-type: none"> Other(specify) <input type="text"/> <input type="checkbox"/> Unknown <input type="checkbox"/> None of the above
Infections Present and/or Treated During this Pregnancy <ul style="list-style-type: none"> <input type="checkbox"/> Gonorrhea <input type="checkbox"/> Syphilis <input type="checkbox"/> Chlamydia <input type="checkbox"/> Hepatitis B <input type="checkbox"/> Hepatitis C <input type="checkbox"/> Other <ul style="list-style-type: none"> Other(specify) <input type="text"/> <input type="checkbox"/> Unknown <input type="checkbox"/> None of the above 	Characteristics of Labor and Delivery <ul style="list-style-type: none"> <input type="checkbox"/> Induction of labor <input type="checkbox"/> Augmentation of labor <input type="checkbox"/> Non-vertex presentation <input type="checkbox"/> Steroids (glucocorticoids) for fetal lung maturation received by the mother prior to delivery <input type="checkbox"/> Antibiotics received by the mother during labor <input type="checkbox"/> Clinical chorioamnionitis diagnosed during labor or maternal temperature >= 38 C (100.4 F) <input type="checkbox"/> Moderate/heavy meconium staining of the amniotic fluid <input type="checkbox"/> Fetal intolerance of labor such that one or more of the following actions was taken: in-utero resuscitative measures, further fetal assessment, or operative delivery <input type="checkbox"/> Epidural or spinal anesthesia during labor <input type="checkbox"/> Other <ul style="list-style-type: none"> Other(specify) <input type="text"/> <input type="checkbox"/> Unknown <input type="checkbox"/> None of the above
Obstetric Procedures <ul style="list-style-type: none"> <input type="checkbox"/> Cervical cerclage <input type="checkbox"/> Tocolysis <input type="checkbox"/> External cephalic version: <ul style="list-style-type: none"> <input type="checkbox"/> Successful <input type="checkbox"/> Failed <input type="checkbox"/> Other <ul style="list-style-type: none"> Other(specify) <input type="text"/> <input type="checkbox"/> Unknown <input type="checkbox"/> None of the above 	Method of Delivery <p>Yes No</p> <ul style="list-style-type: none"> <input type="checkbox"/> Was delivery with forceps attempted but unsuccessful? <input type="checkbox"/> Was delivery with vacuum extraction attempted but unsuccessful? <p>Fetal presentation at birth</p> <ul style="list-style-type: none"> <input type="checkbox"/> Cephalic <input type="checkbox"/> Breech <input type="checkbox"/> Other <p>Final route and method of delivery (Check one)</p> <ul style="list-style-type: none"> <input type="checkbox"/> Vaginal <ul style="list-style-type: none"> <input type="checkbox"/> Spontaneous <input type="checkbox"/> Forceps <input type="checkbox"/> Vacuum <input type="checkbox"/> Cesarean <ul style="list-style-type: none"> Yes No Unk <input type="checkbox"/> If cesarean, was a trial of labor attempted? <input checked="" type="checkbox"/> Other <ul style="list-style-type: none"> Other(specify) <input type="text"/> <input type="checkbox"/> Unknown
	Maternal Morbidity <ul style="list-style-type: none"> <input type="checkbox"/> Maternal transfusion <input type="checkbox"/> Third or fourth degree perineal laceration <input type="checkbox"/> Ruptured uterus <input type="checkbox"/> Unplanned hysterectomy <input type="checkbox"/> Admission to intensive care unit <input type="checkbox"/> Unplanned operating room procedure following delivery <ul style="list-style-type: none"> Other(specify) <input type="text"/> <input type="checkbox"/> Other <input type="checkbox"/> Unknown <input type="checkbox"/> None of the above

Figure 3.15: Medical Information

Each section has a check box entitled “Other” that allows additional information to be specified, there are also options for “Unknown” and “None of the above” selections. It is possible to make multiple selections within a section simply by clicking the mouse on the each check box.

However, if a question is an either/or selection, only one selection can be made, no warning is given but once a selection is made the alternate selection will be cleared. If there are items selected then selecting “Unknown” or “None of the above” will trigger a warning message (See figure 3.16) selection “OK” will clear all of the previous selections and cancel will retain the previous selections.

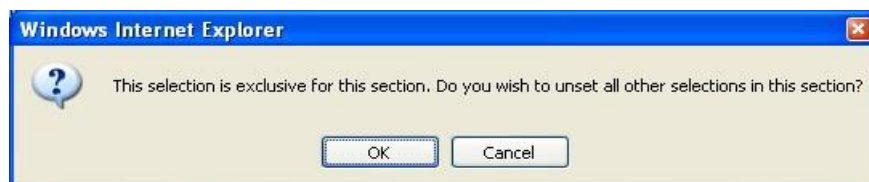


Figure 3.16: Medical Information Warning

7. Newborn Information:

This screen is subdivided into Newborn Medical Information, Newborn Medical Anomalies, and Infant Additional Information.

- a. The Newborn Medical Information section contains information about the infant's weight, Obstetric gestation, APGAR scores, and Plurality. When first entering the newborn's weight first select the weight unit either pound/ounces or grams once selected the appropriate box or boxes will be displayed, if after the weight is entered the weight unit is changed the weight unit will convert the weight as appropriate.

Use caution when entering the APGAR scores, there are boxes for the 5 minute and 10 minute scores however, only the 5 min APGAR score box is initially displayed. If the 5 minute APGAR is greater than “5”, the 10 minute APGAR score is not required therefore the 10 minute entry box will disappear. In the 5 minute score is less than 5 the 10 minute box will automatically appear.

Caution: because the 10 minute APGAR box will not appears if the 5 minute score is above 5 and the box focus immediately goes to the “Plurality” box it is possible to enter the 10 minute APGAR score in the plurality box since this may be a valid plurality entry no warning will appear. For example, what happened below is the 5 minute APGAR is “6” the 10 minute 9 and this is a single birth. Because the 5 minute APGAR was above 5 the 10 minute box did not appear and the focus moved to the Plurality, the 10 minute score was entered in the plurality thus it appears that this is the first born of 9 babies. (See figure 3.17).

NEWBORN MEDICAL INFORMATION				
Weight Unit	Pounds	Ounces	Obstetric estimation of gestation (in weeks)	
Pounds/Ounces	7	7	40	
APGAR 5 Minutes	Plurality		Birth Order	
6	9		1	

Figure 3.17: APGAR Error

What should have happened is the 5 minute APGAR 6, the ten minute score is not entered and the Plurality of 1 should be entered. See Figure 3.18. Note the “Birth Order” box does not appear.

NEWBORN MEDICAL INFORMATION			
Weight Unit	Pounds	Ounces	Obstetric estimation of gestation (in weeks)
Pounds/Ounces	7	7	40
APGAR 5 Minutes	Plurality		
6	1		

Figure 3.18: APGAR Correct

- a. Newborn Medical Anomalies is divided into two check box sections that gather information about any abnormal conditions or congenital anomalies of the newborn. Each section has a check box entitled “Other” that allows other information to be specified, there are also options for “Unknown” and “None of the above” that can be selected if appropriate.

NEWBORN MEDICAL INFORMATION			
Weight Unit	Obstetric estimation of gestation (in weeks)		
APGAR 5 Minutes	APGAR 10 Minutes	Plurality	Birth Order
NEWBORN MEDICAL ANOMALIES			
Abnormal Conditions of the Newborn <ul style="list-style-type: none"> <input type="checkbox"/> Assisted ventilation required immediately following delivery <input type="checkbox"/> Assisted ventilation required for more than six hours <input type="checkbox"/> NICU admission <input type="checkbox"/> Newborn given surfactant replacement therapy <input type="checkbox"/> Antibiotics received by the newborn for suspected neonatal sepsis <input type="checkbox"/> Seizure or serious neurologic dysfunction <input type="checkbox"/> Significant birth injury (skeletal fracture(s), peripheral nerve injury, and/or soft tissue/solid organ hemorrhage which requires intervention) <input type="checkbox"/> Unknown at this time <input type="checkbox"/> Other 		Congenital Anomalies of the Newborn <ul style="list-style-type: none"> <input type="checkbox"/> Anencephaly <input type="checkbox"/> Meningocele/Spina bifida <input type="checkbox"/> Cyanotic congenital heart disease <input type="checkbox"/> Congenital diaphragmatic hernia <input type="checkbox"/> Omphalocele <input type="checkbox"/> Gastroschisis <input type="checkbox"/> Limb reduction defect (excluding congenital amputation and dwarfing syndromes) <input type="checkbox"/> Cleft Lip with or without Cleft Palate <input type="checkbox"/> Cleft Palate alone 	
Was infant transferred within 24 hours of delivery?			
Name of facility transferred to		Other Facility Name	
Is infant living at time of report?	Date Expired	Is infant being breast fed at time of discharge?	
Other(specify) <input type="text"/> <input type="checkbox"/> Unknown <input type="checkbox"/> None of the above		<input type="checkbox"/> Down Syndrome <input type="checkbox"/> Karyotype confirmed <input type="checkbox"/> Karyotype pending <hr/> <input type="checkbox"/> Suspected chromosomal disorder <input type="checkbox"/> Karyotype confirmed <input type="checkbox"/> Karyotype pending <hr/> <input type="checkbox"/> Hypospadias <input type="checkbox"/> Other Other(specify) <input type="text"/> <input type="checkbox"/> Unknown <input type="checkbox"/> None of the anomalies listed above	
INFANT ADDITIONAL INFORMATION			

Figure 3.19: Newborn Information (Child)

It is possible to make multiple selections simply by clicking the mouse on the check box. However, if the question is an either or selection only one selection can be made, no warning will be given and the alternate selection will be cleared. If there are items selected in a section, selecting “Unknown” or “None of the above” will trigger a warning message (See figure 3.16) selection “OK” will clear all of the previous selections and cancel will retain the previous selections.

c. **Infant Additional Information** is used to document where the infant was transferred if a transfer to another facility was necessary with 24 hours of delivery. Selecting “Yes” to the question “Was infant transferred within 24 hours of delivery?” will open the facility selection box by either typing the beginning of the facility name and hit tab will populate the field or will open a selection listing that most accurately meets initial criteria.

Also collected in the section is information on the survival of the infant. If the answer to the question “Is infant living at time of report?” is “No” check to see if a death certificate has been or is in the process of being filed. The last question asks if the infant being breast fed at the time of discharge, select appropriate answer to the question

8. Other Services: This screen consists of three sections, Metabolic Screening, New Born hearing Screening and Immunization Information collects information. The information is collected on behalf of each of those registries and is exported to the appropriate registry so they can match the birth information to information received from other sources.

Other Services, Child - Jones, Thomas - 06/18/2008

METABOLIC SCREENING			
Metabolic Screening <div style="border: 1px solid black; width: 100px; height: 20px; background-color: #e0e0ff; margin-bottom: 5px;"></div>			
NEWBORN HEARING SCREENING			
<div style="border: 1px solid black; padding: 5px; margin-bottom: 5px;"> Newborn Hearing Screening Yes No Unk <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> Newborn Hearing Screening Results <input type="checkbox"/> Passed <input type="checkbox"/> Missed Yes No Unk <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> Follow-up scheduled (missed) <input type="checkbox"/> Failed Yes No Unk <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> Follow-up scheduled (failed) </div>			
IMMUNIZATION INFORMATION			
HepB Date <div style="border: 1px solid black; width: 100px; height: 20px; background-color: #e0e0ff;"></div>	HepB Manufacturer <div style="border: 1px solid black; width: 100px; height: 20px; background-color: #e0e0ff;"></div>	Other Manufacturer <div style="border: 1px solid black; width: 100px; height: 20px; background-color: #e0e0ff;"></div>	HepB Lot Number <div style="border: 1px solid black; width: 100px; height: 20px; background-color: #e0e0ff;"></div>
HBig Date <div style="border: 1px solid black; width: 100px; height: 20px; background-color: #e0e0ff;"></div>	HBig Manufacturer <div style="border: 1px solid black; width: 100px; height: 20px; background-color: #e0e0ff;"></div>	Other Manufacturer <div style="border: 1px solid black; width: 100px; height: 20px; background-color: #e0e0ff;"></div>	HBig Lot Number <div style="border: 1px solid black; width: 100px; height: 20px; background-color: #e0e0ff;"></div>
Mother refused vaccination? <div style="border: 1px solid black; width: 100px; height: 20px; background-color: #e0e0ff;"></div>	Vaccination given at Hospital? <div style="border: 1px solid black; width: 100px; height: 20px; background-color: #e0e0ff;"></div>		Vaccination Time <div style="border: 1px solid black; width: 100px; height: 20px; background-color: #e0e0ff;"></div>
Permission to Notify Immunization? <div style="border: 1px solid black; width: 100px; height: 20px; background-color: #e0e0ff;"></div>			

Figure 3.20: Other Services

9. Validation Results: When either the “Validate” or the “Complete” buttons are selected, the program activates a series of checks that must be completed before the certificate is filed. All of the errors that are found are listed in the “Warning!” section. These tests will be run anew each time the “Validate” or “Complete” button is selected. When there are validation error, these are linked to the field and page where the problem is clicking on the error will move the user to the page and field that contains the error.

VSIMS_HOSP/Bozeman Deaconess Hospital/Hospital Supervisor 06/30/2008 12:43	
Validation Results	
Action: "Birth Hospital - Full". Task Assigned to Gold-hosp Systems on 06/19/2008.	
Soft Edits	
No soft edit warnings found.	
Validation Errors	
Date certified is required.	
SSN Request question must be answered.	
The "Fetal Presentation at Birth" must be specified.	
The question "Was delivery with forceps attempted but unsuccessful?" must be answered.	
The question "Was delivery with vacuum extraction attempted but unsuccessful?" must be answered.	
The section "Onset of Labor" is required.	

Figure 3.21: Validation results with errors

When the record does pass the validation, the action detail will look like this:

VSIMS_HOSP/Bozeman Deaconess Hospital/Hospital Supervisor 06/30/2008 12:53	
Validation Results	
Action: "Birth Hospital - Full". Task Assigned to Gold-hosp Systems on 06/19/2008.	
Soft Edits	
No soft edit warnings found.	
Validation Errors	
No validation warnings or errors.	

Figure 3.22: Validation without Errors

10. Print Certificates: Selecting the Print Certificates tab open a printing option menu. To print from this menu the system requires "Adobe Reader software. This can be downloaded from the Adobe web site at <http://www.adobe.com/products/acrobat/readstep2.html> the printing options available will be dependant on the answers to the marital questions on the Marital Information page. From this page you will have the option to print a MT Hospital Information certificate, a MT Clerk and Recorder Copy, a MT Parent's Informational Copy, additionally based on the marital responses the copy of the MT Paternity Acknowledgment and the MT Affidavit of Non- Paternity may also be available. Samples of each of these can be found in Appendix B.

VSIMS_HOSP/Bozeman Deaconess Hospital/Hospital Supervisor 06/30/2008 12:53	
Printing Options	
Information from Certificate: Thomas Alvin Jones	
MT Hospital Information Copy	Print/View
MT Clerk and Recorder Copy	Print/View
MT Parent's Information Copy	Print/View
MT Paternity Acknowledgment	Print/View
MT Affidavit of Nonpaternity	Print/View

Figure 3.23: Print Options (All Options Shown)

- 11. Additional Numbers (optional):** This is an optional screen that can be used to track any additional number which might be associated with this record. To add a number simply select add. Select the type of number from the pull down list and enter the number. To edit or delete an existing number entry click on the number the screen will change and the number type and the number can be edited or the number can be edited.

VSIMS_HOSP/Bozeman Deaconess Hospital/Hospital Supervisor
07/01/2008 07:36

Additional Numbers related to this record:

Date	Type	Number
07/01/08	Mother's Medical Nbr	12345

Figure 3.24: Additional Numbers (With an existing number)

Number Information

Type: Created on:
 Created by:
 Number:

Figure 3.25: Additional Numbers (Edit/Delete Screen)

- 12. Comments and Action History (optional):** These screens provide for optional use by the Office of Vital Statistics to add comments regarding the record. The Action History is used to track the actions taken in the filing process.

- 13. Admin:** This Screen has only one function in the data entry role; it is used by anyone entering a certificate to delete it prior to filing it with the State. To use simply select "Delete Certificate" you will prompted to make sure selecting "OK" will remove the certificate.

VSIMS_HOSP/Bozeman Deaconess Hospital/Hospital Supervisor
07/01/2008 11:49

Mother - Andrews, James - 11/08/2007

Figure 3.26: Admin

Part IV Query Birth Certificate

1. Query Birth Cert: To view a certificate that has been filed use the Query Birth Cert function on left side the Birth Main Action page. A feature of the query page is that the results of the last query made by the current user will be displayed. If the record being queried is already on the list there is not need to rerun the query the record can be viewed just clicking on the blue last name

Queries can be done using a variety of search options, however the less information provided the longer the search will take. For example, if the search is only on a year, it will take a long time and return thousands of results. The same may be true if just a last name is used, some of the more common last names will take a long time to get results. Conversely, if you provide too much information the search could be too restrictive and not find a match for all of the variables. It is strongly recommended that search criteria at least contain two variables for example first and last name or last name and full date of the event.

Some search options are:

- | | |
|----------------------|--------------------------------|
| 1. First name | 7. Optional end date end range |
| 2. Middle name | 8. Mother's Maiden surname |
| 3. Last Name | 9. Mother's SSN |
| 4. Month of event | 10. County or birth |
| 5. Day of the event | 11. City of Birth |
| 6. Year of the event | 12. State file number |

Figure 4.1 Query Screen

Selecting “Query Birth Cert” on the “Birth Main Action Page” will bring up the page as in Figure 4.1; this is used to search for a previously completed record or for an incomplete.

When the results are returned the screen is as below. These searches are a “Soundex” search so every variation of the name will be returned. The search results are only for certificates associated with the facility. Note that the first name listed in below has no File Number; this indicates that this certificate has not been filed with the State.

Query Records

Query Data:

First Name: Middle Name: Last Name:

Date of Birth MM DD YYYY (optional start date) Optional date range MM DD YYYY end date

Additional Number and Type All Types

Mother's Maiden Surname Mother's SSN

State File Number City of Birth County of Birth

Display results per page. Facility

Last Name	First Name	DoB	File Number	Inc
Jones	Thomas	06/18/2008		x
Thompson		01/08/2008	125-200816-000004	

Figure 4.2 Query Screen (Results)

If the record is still owned by the user and has not been filed (No file number will be seen.) selecting the last name will open a screen with two options “View the certificate” and “Open existing Birth Hospital – Full action”. The view certificate will allow the requestor to print or view the certificate. Note that all of the fields are prevented from being changed and any attempt to change them will result in a warning as in Figure 4.6.

VSIMS_HOSP/Bozeman Deaconess Hospital/[Hospital Supervisor](#)
07/01/2008 01:43

Thomas Alvin Jones, 06/18/2008
Incomplete Birth Certificate

Figure 4.3 View Options (Non-filed record)

**Thompson Jr, 01/08/2008
Completed Birth Certificate**[View certificate](#)**Figure 4.4 View Options (Filed Record)**

VSIMS_HOSP/Bozeman Deaconess Hospital/[Hospital Supervisor](#)
07/01/2008 01:57

Child Information - Thompson, - 01/08/2008 File #: 125-200816-0000

CHILD INFORMATION			
First Name	Middle Name	Last Name	Suffix
<input type="text"/>	<input type="text"/>	Thompson	Jr
BIRTH INFORMATION			
Date of Birth	Sex	Time of Birth	
01/08/2008	Female	00:25 Military	
Birth City	Other Birth City		
Bozeman	<input type="text"/>		
Birth County	Other Birth County		
Gallatin	<input type="text"/>		
Birth State	Other Birth State		
Montana	<input type="text"/>		
Birth Country	Other Birth Country		
US - UNITED STATES	<input type="text"/>		
Place of Birth Facility Type			
Hospital			
Facility Name	Other Facility Name		

Figure 4.5 View only (Filed record)**Figure 4.6 Edit Warning (Filed record)**

If the certificate does not belong to the user or the facility the following warning will appear:

VSIMS_HOSP/Bozeman Deaconess Hospital/[Hospital Supervisor](#)
02/06/2009 01:21

**John Smithe, 01/01/2008
Incomplete Birth Certificate**

The record you have selected does not belong to your current facility.
Please contact your Vital Records administrative offices if you need further information.

[Close](#)

Figure 4.7 Warning Record does not belong to user

Part V: Reports

Selection of the “Reports” option will change the side menu to offer two selections “MT Paternity Acknowledgement” and “MT Affidavit of Non-paternity”. Selecting either of these will allow you to print a blank copy of the Paternity Acknowledgement or a blank Affidavit of Non-paternity. Use this when the paternity documents cannot be completed by the parents during the hospital visit. Printing the paternity documents from the “Print Certificates” screen will print any information that has been entered in to the system. If paternity documents are printed from the “Reports” screen no information that has been entered will be printed on the form.

Appendix A: Common Screens

Common Screens- These are screens that are used through out the process. The content of these screens is usually dependant on data entered in another field. For example, the selection of a county will limit the selections on City, Town, or location screen.

1. County (Montana)

Counties of State MONTANA	
Code	County Name
001	BEAVERHEAD
002	BIG HORN
003	BLAINE
004	BROADWATER
005	CARBON
006	CARTER
007	CASCADE
008	CHOUTEAU
009	CUSTER
010	DANIELS
011	DAWSON
012	DEER LODGE
013	FALLON
014	FERGUS
015	FLATHEAD
016	GALLATIN
017	GARFIELD
018	GLACIER
019	GOLDEN VALLEY
020	GRANITE

2. Country (Used for parents' place of birth outside United States)



3. States (Used for parents' place of birth in United States)

States of Country UNITED STATES**State Name**

Alabama
Alaska
American Samoa
Arizona
Arkansas
California
Colorado
Connecticut
Delaware
District of Columbia
Florida
Georgia
Guam
Hawaii

4. States (Used for parent's place of birth in Canada)

States of Country CANADA**State Name**

Alberta
British Columbia
Manitoba
New Brunswick
Newfoundland
Northwest Territories
Nova Scotia
Nunavut
Ontario
Prince Edward Island
Quebec
Saskatchewan
Yukon Territory
OTHER
UNKNOWN

5. Birth Facility (Hospital) Note the “Show All Counties” option

<div> <input type="button" value="Show All Facility Types"/> <input type="button" value="Show All Counties"/> </div>		
Facilities of State Montana		
County Missoula		
Facility Name	Facility Type	City
COMMUNITY MEDICAL CENTER	Hospital	Missoula
MISSOULA GENERAL HOSPITAL	Hospital	Missoula
ST. PATRICK HOSPITAL	Hospital	Missoula

6. Birth Facility freestanding

<div>Show All Facility Types</div> <div>Show All Counties</div>		
Facilities of State Montana		
County Cascade		
Facility Name	Facility Type	City
BIRTH WITH LOVE	Freestanding Birthing Center	Great Falls